# Lecture 8: 'Consciousness, Addiction and the Will'

## I. Recap: Dreaming and the Will

For the last two weeks we've been looking at the following questions:

- What is the scope of the will in our conscious mental lives?
- What happens to our capacity to exercise agency when we fall asleep sleep and dream?
- Can dreams be correctly characterised as deficiencies of will?

To ask such questions is, in one sense, to ask about the relation between the faculty or capacity to exercise the will and a certain kind of *consciousness*.

That is, whether the typical exercise of our capacity to form intentions and act on them, is closely tied to a particular form of wakeful consciousness.

If this is so, then what is distinctive about dreaming is that it constitutes a standard departure from this state of consciousness, and this in part *explains why* the will is no longer operative in non-lucid dreams (Crowther 2018).

The question for today: is it possible to use and apply this conceptual framework with respect to consciousness and the will to analyse and understood other deficits of will we have looked at such as the akrasia exhibited in some forms of addiction?

Recall, Pickard (2022): the idea that addiction is a single kind of thing might not be good starting point for the science of addiction; we make more progress by viewing addiction as heterogenous.

Crowther's proposal: "The chapter develops the idea that such states as "obsession with alcohol" are malformed varieties of the normal condition of wakefulness, and that aspects of the disorder involved in alcoholism can be explained in terms of this relation" (2016).

## II. Introducing Wakeful Consciousness

### I. What is it to be awake?

- To be "switched on' or capacitated.
- If one is awake one is not asleep (negative characterisation c.f. 'being sober').
- To be in a certain phase of the sleep-wake cycle associated with various biological markers of arousal.

Soteriou (2020): "One way of putting this is to say that to be awake is to be in the kind of state that is the effect of one's *waking up* from sleep. That process of waking up is one that crucially involves being released from the fetters of sleep—that is, being released from specific forms of inhibitory effect that are associated with being asleep. This is what makes the state of being awake a state of *capacitation*".

### II. Being awake vs Being in a State of Wakeful Consciousness

- The state of wakeful consciousness can be characterised in terms of the typical state of consciousness agents are in when they are awake e.g. the state of consciousness one enters when one wakes up from a dream, or dreamless sleep.
- But being in a biological state of being awake and being conscious in this typical sense can come apart e.g in the Persistent Vegetative State (patients in PVS-type states retain typical sleep wake cycles without

showing overt signs of consciousness - i.e. the typical state of wakeful consciousness which accompanies waking up in the biological case is absent BMJ 2010).
- In this sense, the persistent vegetative state is usually described as a 'disorder of consciousness'.
- This opens up the possibility that there may be degraded - as opposed to absent - forms of wakeful consciousness.

## III. Alcoholism and Akrasia: Two Initial Responses

Alcoholism: a condition essential to which is a repeated pattern of drinking which develops usually over a long period of time starting in a person's teenage years. It is marked by a degradation of control over the amount that is drunk (see DSM-V 'Alcohol Use Disorder'). In particular, it often involves akrasia, understood as intentional action against one's knowledge or belief about what it is best for one to do. e.g. continued patterns of drinking in light of serve negative consequences such an illness, relationship breakdowns etc. (Pickard 2022).

How should we understand this akrasia? Here are two initial ideas:

Alcoholic akrasia as a judgement shift: the alcoholic relapse involves a wholesale switch in attitudes and valuations. The relapsing alcoholic no longer knows or believes that it is best to abstain, and instead has beliefs that, for example, it is unproblematic and desirable to drink.

*Problem*: the alcoholic who recovers from relapse does not seem to need to *reacquire* the knowledge that it is best for them to abstain from drinking or require the desire not to drink.

Alcoholic akrasia as compulsion: the alcoholic's drinking in relapse is not an instance of intentional action at all, but something like an automatic bodily movement (recall the similarities to aspects of the 'disease model of addiction' we discussed in Week 5).

*Problem:* this seems to involve an implausible characterisation of relapse, which seems like a failure (not absence) of control. An alcoholic can attempt to control their drinking, and are sometimes successful (recall the objections to the disease model we discussed in Week 5).

Crowther (2016): nonetheless, these initial responses suggest that a good explanation of akrasia in alcoholism is one which can capture the ideas that (i) the alcoholic who relapse does appear to be acting in some positive evaluation of drinking, and (ii) that the alcoholic agent does not appear to be 'fully present" qua agent of intentional action in those actions that constitute relapse.

## IV. Alcoholism and Akrasia according to Alcoholics Anonymous (AA)

What analysis of akrasia in alcoholism does the AA account of alcoholism provide?

### II. The Tripartite Account

AA describes alcoholism as a three-fold illness AA (2001):

*Physical:* alcoholism involves a "physical allergy" to alcohol - an abnormal physical reaction to alcohol as a stimulus. When the alcoholic drinks, a 'phenomenon of craving' causes them to continue drinking, and this allergy does not enable alcoholics to return to a pattern of 'normal' drinking — the only solution is to quit.

*Mental:* the alcoholic has a **"mental obsession"** with drinking which precede episodes of drinking and relapse which render the alcoholic oblivious to facts about their situation and plans they have made to avoid and resist drinking.

"The almost certain consequences of his drinking and the pain and suffering of a few days or weeks will not crowd into the mind to deter him. If they do, they are immediately replaced with threadbare excuses and

spurious rationalizations. The alcoholic is without mental defence against the drink" (Alcoholics Anonymous( 2001, p. 24).

*Spiritual:* the alcoholic condition is a problem with how the alcoholic lives, and the consequences of action that expresses his malformed attitudes to himself and others — the alcoholic begins to represent drinking as a route through which the problems of living can be ameliorated, escaped or solved. Through taking part in AA, the alcoholic is able to alter and adjust this outlook on life (Steps 4-12 of the AA program).

Crowther (2016;5)): "suppose that the species of akratic action is that which accompanies the onset of drinking, and suppose the phenomenon of craving cannot explain this event (being something that occurs after the first drink has been taken). Then the conception of akrasia in alcoholism suggested by the kind of account offered here is that such action is the manifestation of a mental disorder"

III. Three Questions for this Account

1. A central part of the explanation of relapse is that the alcoholic suffers a specific kind of incapacitation wit respect to their preserved knowledge about what they did and how they behaved when they last drank (via mental). What exactly is the link between the idea of incapacitation and the kind of disorder that's at issue here?

2. In many parts of AA, it is suggested the alcoholic has no idea why they relapse (via mental). This suggests that the actions that constitute relapse might not be instances of intentional action at all (c.f. intentionally walking to the shops to buy milk). How does the idea that the alcoholic is ignorant of why they drink, when they relapse, cohere with the idea that their drinking is a case of intentional action?

3. How does the idea that the alcoholic uses alcohol as a way to solve problems with living (via spiritual) cohere with the idea that alcoholics do not really know why they drink?

**V. Defects of the Wakeful State in Alcoholism**

Crowther attempts to answer these questions via an account of the mental state prior to relapse as a defective, or disorder, of the typical wakeful state of consciousness.

"While we have a notion of "being obsessed with something" according to which it is a long-term character trait, we can also think of the state that precedes relapse in the alcoholic as a state of obsession with alcohol understood along the lines just proposed. The alcoholic who is obsessed with alcohol in this sense is in a kind of wakeful state that is deformed or degraded in various ways. Central to this is the incapacity to bring to mind in the right way the memory of the suffering and humiliation of previous relapses. A kind of knowledge that is available to the drinker in the normal non-degraded state of wakefulness is here not capable of being brought into play in determining what to do. Characteristic also of the state is the alcoholic's preoccupation with thoughts about drinking, with the construction of plans for drinking, as well as immediately "reading" his environment in terms of a series of opportunities for, or obstacles to, drinking." (p7).

Addressing I: The disorder involved is a disorder of wakeful consciousness which involves the incapacitation of various mental capacities relating to knowledge and memory recall.

Addressing II: In this disordered state of 'obsession with alcohol', taking a drink presents itself to the alcoholic as what is there and then, in those circumstances *to be done*. This explains how the alcoholic has some reasons for action in relapsing - such actions are correctly described as intentional - but these reasons are extremely *minimal*, and so *appear inadequate* from the alcoholics own perspective.

According to Crowther, this idea is compatible with there being a 'deeper and more informative explanation' of why they drank which the alcoholic is ignorant' viz. that they are in this disordered state of consciousness.

Addressing III: when they are in that disordered state of consciousness, alcoholics lack self awareness or self-knowledge of various kinds. "One who is in the state of non-degraded wakefulness normally knows, when he is in that state, why he is doing what it is that he is then doing. And he normally knows what mental state he is in at that time. But at the time they drink, alcoholics do not have an awareness of the real reasons for their drinking".

## VI. Reflections and Questions

The initial responses above suggested that a good explanation of akrasia in alcoholism is one which can capture the ideas that:

(i) the alcoholic who relapse does appear to be acting in some positive evaluation of drinking, and

(ii) that the alcoholic agent does not appear to be 'fully present" qua agent of intentional action in those actions that constitute relapse.

The preliminary account offered by Crowther appears to capture both these features. It does so by appealing to an account of how the capacity for intentional action is tied to the distinctive state of consciousness associated with being awake, a state which, it is proposed, becomes disordered in repeated patterns of drinking exhibited in Alcohol Use Disorder.

Open questions:

- How does this account of akrasia cohere with revised forms of disease models of addiction? Can it be understood in these terms?
- Can this account be generalised to the types of akrasia exhibited in other forms of addiction?
- Is the account of intentional action sketched by Crowther - according to which intentional action is compatible with a lack of self-knowledge of why one is acting (or one's reasons for acting) - independently plausible? (recall the earlier discussions on the relation between intentional action and belief).

## Important References

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